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CONFIRMATION NO. 9193

|   |   |                                   |   |   |
|---|---|-----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/769,884  | <b>FILING OR 371(c) DATE</b><br>02/03/2004<br><b>RULE</b>   | <b>CLASS</b><br>382               | <b>GROUP ART UNIT</b><br>2609   | <b>ATTORNEY DOCKET NO.</b><br>0592-1001 |
| <b>APPLICANTS</b><br>Jerome Larrieu, Hasparren, FRANCE;<br>Alexandre Delattre, Paris, FRANCE;   |   |                                   |   |   |
| <b>** CONTINUING DATA *****</b>   |   |                                   |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 0301226 02/03/2003   |   |                                   |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 04/30/2004   |   |                                   |   |   |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance |   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>16               |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>EJM</i>  |   |                                   |   | <b>INDEPENDENT CLAIMS</b><br>4          |
| <b>ADDRESS</b><br>466   |   |                                   |   |   |
| <b>TITLE</b><br>Process and device for the compression of portions of images  |   |                                   |   |   |
| <b>FILING FEE RECEIVED</b><br>428   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |